

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>06/307449</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3	/		/		/		53						
4	/		/		/		54						
5	/		/		/		55						
6	/		/		/		56						
7	/	/	/	/	/	/	57						
8	/	/	/	/	/	/	58						
9	/	/	/	/	/	/	59						
10	/	/	/	/	/	/	60						
11	/	/	/	/	/	/	61						
12	/	/	/	/	/	/	62						
13	/	/	/	/	/	/	63						
14	/	/	/	/	/	/	64						
15	/	/	/	/	/	/	65						
16	/	/	/	/	/	/	66						
17	/	/	/	/	/	/	67						
18	/	/	/	/	/	/	68						
19	/	/	/	/	/	/	69						
20	/	/	/	/	/	/	70						
21	/	/	/	/	/	/	71						
22	/	/	/	/	/	/	72						
23	/	/	/	/	/	/	73						
24	/	/	/	/	/	/	74						
25	/	/	/	/	/	/	75						
26	/	/	/	/	/	/	76						
27	/	/	/	/	/	/	77						
28	/	/	/	/	/	/	78						
29	/	/	/	/	/	/	79						
30	/	/	/	/	/	/	80						
31	/	/	/	/	/	/	81						
32	/	/	/	/	/	/	82						
33	/	/	/	/	/	/	83						
34	/	/	/	/	/	/	84						
35	/	/	/	/	/	/	85						
36	/	/	/	/	/	/	86						
37	/	/	/	/	/	/	87						
38	/	/	/	/	/	/	88						
39	/	/	/	/	/	/	89						
40	/	/	/	/	/	/	90						
41	/	/	/	/	/	/	91						
42	/	/	/	/	/	/	92						
43	/	/	/	/	/	/	93						
44	/	/	/	/	/	/	94						
45	/	/	/	/	/	/	95						
46	/	/	/	/	/	/	96						
47	/	/	/	/	/	/	97						
48	/	/	/	/	/	/	98						
49	/	/	/	/	/	/	99						
50	/	/	/	/	/	/	100						
TOTAL IND.	11		9		9		TOTAL IND.						
TOTAL DEP.	44		40		37		TOTAL DEP.						
TOTAL CLAIMS	55		49		46		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS